

Original: City Clerk  
Copy to: Legal  
WCIA  
Department

## CLAIM FOR DAMAGES FORM

City File No.: \_\_\_\_\_

Date Claim Form  
Received by Member

**MEMBER CITY/ORGANIZATION:** CITY OF AUBURN

Please take note that \_\_\_\_\_, who resides at \_\_\_\_\_,  
\_\_\_\_\_, mailing address \_\_\_\_\_,  
\_\_\_\_\_, home phone # \_\_\_\_\_, work phone # \_\_\_\_\_, is claiming damages  
against CITY OF AUBURN in the sum of \$ \_\_\_\_\_ arising out of the following circumstances listed  
below.

**DATE OF OCCURRENCE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**LOCATION OF OCCURRENCE:** \_\_\_\_\_

**DESCRIPTION:**

1. Describe occurrence explaining the nature of the defects or acts of negligence causing damages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach an extra sheet for additional information, if needed)

2. Provide a list of witnesses, if applicable, to the occurrence including names, addresses, and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Attach copies of all documentation relating to expenses, injuries, losses, and/or estimates for repair.

4. Have you submitted a claim for damages to your insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide the name of the insurance company: \_\_\_\_\_  
and the policy #: \_\_\_\_\_

**\*\* ADDITIONAL INFORMATION REQUIRED FOR AUTOMOBILE CLAIMS ONLY \*\***

License Plate # _____	Driver License # _____
Type Auto: _____	_____
(year)	(make)
(model)	
<b>DRIVER:</b>	<b>OWNER:</b>
Address: _____	Address: _____
_____	_____
Phone#: _____	Phone#: _____
_____	_____
<b>Passengers:</b>	
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

**\* \* NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED \* \***

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the claimant for the above described; that I have read the above claim, know the contents thereof and believe the same to be true.

X \_\_\_\_\_

X \_\_\_\_\_

Signature of Claimant(s)

Signature of Notary \_\_\_\_\_ My commission expires: \_\_\_\_\_